

E-filing

FINANCIALS ARE ESTIMATES  
V.R.

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES OF AMERICA

Plaintiff,

vs.

JUDGE RICHARD FREEBORN  
LAKE COUNTY SUPERIOR COURT

Defendant.

CASE NO. 3360

PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS

(PR)

I, VINCENT ROSENBALM, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ☒ No ☐

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer: NAPA STATE HOSPITAL

Gross: Approx \$20 week Net: Approx \$20 week

Employer: NAPA STATE HOSPITAL

2100 NAPA VALLEJO HIGHWAY, NAPA, CA 94558

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)  
 4 \_\_\_\_\_  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_

7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

- 9 a. Business, Profession or Yes ☒ No \_\_\_\_\_  
 10 self employment  
 11 b. Income from stocks, bonds, Yes \_\_\_\_\_ No ☒  
 12 or royalties?  
 13 c. Rent payments? Yes \_\_\_\_\_ No ☒  
 14 d. Pensions, annuities, or Yes \_\_\_\_\_ No ☒  
 15 life insurance payments?  
 16 e. Federal or State welfare payments, Yes ☒ No \_\_\_\_\_  
 17 Social Security or other govern-  
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.

21 WELFARE 12.50 MONTH HOSPITAL  
 22 AUTHOR HOUSE PUBLISHING \$375 sale of Book

23 3. Are you married? Yes \_\_\_\_\_ No ☒

24 Spouse's Full Name: \_\_\_\_\_

25 Spouse's Place of Employment: \_\_\_\_\_

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

28 4. a. List amount you contribute to your spouse's support: \$ \_\_\_\_\_

- b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

JDR (17)

5. Do you own or are you buying a home? Yes \_\_\_ No ☒

Estimated Market Value: \$ \_\_\_ Amount of Mortgage: \$ \_\_\_

6. Do you own an automobile? (2) Yes ☒ No \_\_\_

Make SUBARU Year 92, 93 Model LEGACY

Is it financed? Yes \_\_\_ No ☒ If so, Total due: \$ \_\_\_

Monthly Payment: \$ 0

7. Do you have a bank account? Yes \_\_\_ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: \_\_\_

Present balance(s): \$ \_\_\_

Do you own any cash? Yes ☒ No \_\_\_ Amount: \$ 0.66 cents

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ☒ No \_\_\_

PERSONAL PROPERTY APPROX \$10-15,000

8. What are your monthly expenses?

Rent: \$ 0 Utilities: 0

Food: \$ 0 Clothing: 0

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

STUDENT LOANS APPROX \$5 - 10,000

CREDIT CARD DEBT APPROX \$5 - 10,000

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes \_\_\_ No V NOT SURE?

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

3/12/08

DATE

Vincent Rosenbalm

SIGNATURE OF APPLICANT

FINANCIAL ESTIMATES?

AS OF 3/12/08 I HAVE

0.00 IN TRUST  
V.R.

**CONFIDENTIAL PATIENT INFORMATION - CALIFORNIA WELFARE AND INSTITUTIONS CODE  
SECTIONS 5328 & 4514. INFORMATION SUBJECT TO RELEASE IN ACCORDANCE WITH THE  
FEDERAL PRIVACY ACT OF 1974 (PUBLIC LAW 93-579).**

2/27/2008  
4:13:26PM

**NAPA STATE HOSPITAL**  
**TRUST ACCOUNT / CASHIERS' SYSTEM II**  
**Patient Ledger Report**

Page 1 of 1

2069375 ROSENBALM, VINCENT

	TransDate	Doc No.	Item	Comment	Withdrawl	Deposit	Balance
1	08/27/2007	13-153936	Cash Disbursement	cl v158	\$12.50		\$5.00
2	09/24/2007	18-075238	AB1013 Funds	\$12.50 Receipts		\$12.50	\$17.50
3	09/24/2007	13-154124	Cash Disbursement	cl v234	\$12.50		\$5.00
4	10/22/2007	13-154338	Cash Disbursement	cashlist v-314	\$5.00		\$0.00
5	10/24/2007	18-075321	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
6	10/29/2007	13-154384	Cash Disbursement	cl v337	\$12.50		\$0.00
7	11/23/2007	18-75407	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
8	11/26/2007	13-154581	Cash Disbursement	Cashlist V-400	\$12.50		\$0.00
9	12/03/2007	16-75436	CK-AUTHOR HOUSE 1663 LIBERTY DR STE 200	BLOOMINGTON IN 47403		\$3.25	\$3.25
10	12/11/2007	16-75478	CCK-UNKNOWN SENDER	CCK-UNKNOWN SENDER		\$50.00	\$53.25
11	12/17/2007	13-154774	Cash Disbursement	cl v463	\$33.25		\$20.00
12	12/24/2007	13-154828	Cash Disbursement	cl v485	\$10.00		\$10.00
13	01/04/2008	13-154914	Misc Disbursement	NSH-COPY CARD V518	\$10.00		\$0.00
14	01/22/2008	18-075585	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
15	01/28/2008	13-155104	Cash Disbursement	cl v580	\$12.50		\$0.00
16	02/21/2008	18-075665	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
17	02/25/2008	13-155262	Cash Disbursement	cl v649	\$12.50		\$0.00

**TOTAL WITHDRAWALS / DEPOSITS:**

**\$133.25      \$115.75**

Case Number: CV08 1360 si pr

**CERTIFICATE OF FUNDS**  
**IN**  
**PRISONER'S ACCOUNT**

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Vincent Rosenbalm for the last six months  
Napa State Hospital <sup>[prisoner name]</sup> where (s)he is confined.  
<sub>[name of institution]</sub>

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 19.30 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 0.00.

Dated: 2/27/08

Laura Harris  
[Authorized officer of the institution]



VINCENT ROSENBAUM  
2100 NAPA VALLEJO HIGHWAY  
NAPA, CA 94558

LEGAL MAIL

COURT CLERK: RICHARD WIEKING

U. S. DISTRICT COURT  
450 GOLDENGATE AVE  
SAN FRANCISCO, CA 94102

